

DEPARTMENT OF MISSOURI  
**SONS OF UNION VETERANS OF THE CIVIL WAR**  
**Historical SV/SUV CAMP PROJECT FORM**



**PLEASE:**

- Type or print, using a ballpoint pen, when filling out this form. Legibility is critical.
- Do not guess at the information. An answer of "Unknown" is more helpful.
- If a camp's location is recorded. Include a photograph of each viewable side and label it with name & direction of view.

- Thank You

**Camp Information**

Camp Name  Camp #   
City/Town  County  State

Brief History of the SV/SUV Camp(use separate document if necessary):

Pre-1889 Chartered  
Captain M. Steffan, Jr  
1st Sgt James Gillespie  
Meets Fridays 1889 Roster Missouri Div., Sons of Veterans

**Meeting Facility**

Structure Still Exist?  Yes  No  Unknown      Type of Building:  Stand-Alone  Shared-Use

Identify Specific Location:

**Description of Records**

Do the Records Exist?  Yes  No  Unknown      The Records are:  Originals  Copies

What are the conditions of the records?

What do the records consist of?

**Location of Records**

Repository Name   
City/Town  County  State  Zip

**Additional Information:**

**Submitter Information**

Submit Date  Name   
Camp Name  Camp #  City/Town  State  Zip   
Email